FALCK

Responsible Party: [redacted]

Responsible Party ID: [redacted]

Summary (as of 3/25/2022)	
Total Charges:	$2,403.50
Insurance & Adjustments:	- $1,937.58
Previously Paid:	- $0.00
Total Balance	**$465.92**

detailed summary on next page ▸

ACTION REQUIRED — THIS IS NOT A BILL!

Our records indicate you may have Medicare and Medicaid/Medi-Cal coverage for this service date.

If the patient is able to sign for him/herself, we ask the patient to contact our office to receive the form for signature.

If the patient is unable to sign on their own behalf, please contact our office to receive the form for signature on behalf of the patient. A medical or physical reason is required by Medicare/Medicaid to process a claim. A patient being in a hospital or rehab facility is not an acceptable reason why the patient is unable to sign. A medical or physical reason is also required even if there is a Power of Attorney on file. A copy of the Power of Attorney, guardianship, or any other legal paperwork is necessary if we do not have one on file. If the patient has passed away, please forward a copy of the death certificate. Originals are not required. Return the completed and signed form to the above address or the email or fax# below, so, we may submit your claim for processing to your healthcare provider.

Thank you for the prompt attention to this matter. Please contact us at 844-622-3926 if you have questions.

Your signature is required to submit a claim on your behalf, please contact our office to sign this form.

Payment Options

Pay Online at https://pay.instamed.com/falcksandiego

Pay by phone by calling (877) 547-2097

Mail in a check or money order or pay with credit/debit card with coupon below

Detach this coupon and return with your payment ☐ Check if address/Insurance changes are on back.

FALCK

1201 S ALMA SCHOOL RD
SUITE 8950
MESA, AZ 85210

Pay Online at
https://pay.instamed.com/falcksandiego
Your eStatement ID: [redacted]

ISF0326B *** 7000004349 00.0016.0287 4348/1
4348 1 AB 0.461 *** AUTO ALL FOR AADC 920

[redacted]

IF PAYING BY DEBIT/CREDIT CARD		
Card Number		Card Type (Circle One) VISA MC DISC
Name on Card	Exp Date	CVN
Signature	Zip Code	

STATEMENT DATE	RESPONSIBLE PARTY ID	DUE DATE
3/25/2022	[redacted]	
AMOUNT DUE	**SHOW AMOUNT PAID HERE**	
$465.92		

PLEASE MAKE CHECKS PAYABLE TO:

SAN DIEGO -FALCK MOBILE HEALTH CORP.
PO BOX 31001 2183
PASADENA, CA 91110-2183

FALCK

Responsible Party: [redacted]

Responsible Party ID: [redacted]

Your Statement

Questions? Call (877) 547-2097

DATE	DESCRIPTION	CHARGE	PMT/ADJ	TOTAL
[redacted] - (Falck - Northern California)				
12/12/2021	Ground mileage, per statute mile	$245.20		
12/12/2021	Ambulance service, basic life support, emergency transport (bls-emergency)	$2,158.30		
	Insurance Adjustments		(- $1,937.58)	
		$2,403.50	- $1,937.58	**$465.92**

Total Balance **$465.92**

TOTAL BALANCE	CURRENT	30-60 Days	60-90 Days	90+ Days
$465.92	$0.00	$0.00	$0.00	$0.00

If any of the following has changed since your last statement, please indicate

Your Name (Last, First, Middle Initial)		Date of Birth	Your **PRIMARY** Insurance Company's Name		
Address			Primary Insurance Company's Address		
City	State	Zip	City	State	Zip
Telephone	Social Security #		Policyholder Name	Date of Birth	Sex
Employer's Name	Telephone		Policyholder's ID Number	Group Plan Number	
Employer's Address			Your **SECONDARY** Insurance Company's Name		
City	State	Zip	Secondary Insurance Company's Address		
Please Indicate if Applicable: ☐ **Auto Accident** ☐ **Worker's Compensation**			City	State	Zip
Date of Injury			Policyholder Name	Date of Birth	Sex
			Policyholder's ID Number	Group Plan Number	